

For Office Use Only
APPROVED _____
(Facility Administrator)

(Facility's Name)

FIELD TRIP REQUEST FOR APPROVAL

CLASS: _____
TRIP SITE: _____
ADDRESS: _____

Trip Site Contact Person: _____
Telephone: () _____

Trip Date: _____ **TIME: Departure** _____ **Return** _____

One Way Travel Time _____

TRAVEL PLANS:

(#) **Children** _____
(#) **Driver(s)** _____
(#) **Adult(s)** _____

(#) **Bus(es)** _____
(#) **Car(s)** _____
(#) **Van(s)** _____

TOTAL _____

Public Transportation _____
Walking Trip _____

Purpose of Trip: _____

Brief Summary of Plans: _____

Special Arrangements Needed: _____

TRIP LEADER'S SIGNATURE

(ATTACH MAP WITH CLEARLY MARKED ROUTE)